

**PHA 5-Year and  
Annual Plan 2011**  
**SC035v02**

**U.S. Department of Housing and Urban  
Development**  
**Office of Public and Indian Housing**

**OMB No. 2577-0226**  
**Expires 4/30/2011**

| <b>1.0 PHA Information</b><br>PHA Name: <b>Housing Authority of Newberry</b><br>PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard<br>PHA Fiscal Year Beginning: (MM/YYYY): <b>01/2011</b>   |  | PHA Code: <b>SC035</b><br><input type="checkbox"/> HCV (Section 8)  |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|--|--|---|----------|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| <b>2.0 Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)<br>Number of PH units: <b>315</b> Number of HCV units: <b>235</b>   |  |   |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>3.0 Submission Type</b><br><input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only   |  |   |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>4.0 PHA Consortia</b> <b>NA</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)  |  |   |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|  |  | <table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |          | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program         |                               | PH                           | HCV | PHA 1: |  |  |  |  |  | PHA 2: |  |  |  |  |  | PHA 3: |  |  |  |  |  |
|  |  | Participating PHAs  | PHA Code |                    |          |                                      |                               | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|  |  |   |          | PH                 | HCV      |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|  |  | PHA 1:  |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| PHA 2:   |  |   |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| PHA 3:   |  |   |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.0 5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.   |  |   |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.1 Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:<br><br>The Housing Authority of Newberry is committed to providing quality, affordable housing that is decent and safe, to eligible families in this community. We strive to make the best use of all available resources so that our residents may live in an environment that is clean, well maintained and attractive. Our goal is to manage our public housing units in a manner that is consistent with good, financially sound property management practices. By taking advantage of available community and government resources, we intend to provide our residents with as many opportunities for economic self-sufficiency as we can identify. We endeavor to instill pride and a desire for an enhanced quality of life for our residents and their families. We are committed to serving our residents and this entire community in a manner that demonstrates professional courtesy, respect and caring. |  |   |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.2 Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.   |  | <p><b>FY 2011-2015 GOALS AND OBJECTIVES</b></p> <p><b>HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>PHA Goal: Expand the supply of assisted housing</b><br/>Objectives: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Apply for additional rental vouchers:</li> <li><input checked="" type="checkbox"/> Reduce public housing vacancies:</li> <li><input type="checkbox"/> Leverage private or other public funds to create additional housing opportunities:</li> <li><input type="checkbox"/> Acquire or build units or developments</li> <li><input type="checkbox"/> Other (list below)</li> </ul> </li> <li><input checked="" type="checkbox"/> <b>PHA Goal: Improve the quality of assisted housing</b><br/>Objectives: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Improve public housing management: (PHAS score)</li> <li><input checked="" type="checkbox"/> Improve voucher management: (SEMAP score)</li> <li><input checked="" type="checkbox"/> Increase customer satisfaction:</li> <li><input checked="" type="checkbox"/> Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)</li> <li><input checked="" type="checkbox"/> Renovate or modernize public housing units:</li> <li><input type="checkbox"/> Demolish or dispose of obsolete public housing:</li> <li><input type="checkbox"/> Provide replacement public housing:</li> <li><input type="checkbox"/> Provide replacement vouchers:</li> <li><input type="checkbox"/> Other: (list below)</li> </ul> </li> <li><input checked="" type="checkbox"/> <b>PHA Goal: Increase assisted housing choices</b><br/>Objectives: <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide voucher mobility counseling:</li> </ul> </li> </ul> |          |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |

- Conduct outreach efforts to potential voucher landlords:
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment
  - Objectives:
    - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
    - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
    - Implement public housing security improvements:
    - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
    - Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households
  - Objectives:
    - Increase the number and percentage of employed persons in assisted families:
    - Provide or attract supportive services to improve assistance recipients' employability:
    - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
    - Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing
  - Objectives:
    - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
    - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
    - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
    - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

Improve PHA Management and service delivery efforts through oversight, assistance, and selective intervention by highly skilled diagnostic and results oriented field personnel.

Seek problem-solving partnerships with PHA residents, community, and government leadership.

Act as an agent for change when performance is unacceptable and we judge that local leadership is not capable or committed to improvement.

Efficiently apply limited HUD resources by using risk assessment techniques to focus our oversight efforts.

Conduct a complete overview of our policies to ensure conformity with HUD regulations and serve our tenants in the best possible way.

Increase communication with residents on maintenance issues effecting there everyday life, such as water turn offs, through notification on local radio stations as well as door to door notices when possible.

**STATEMENT OF PROGRESS IN MEETING GOALS AND OBJECTIVES**

Objective – Apply for additional rental vouchers: The HAN will apply for additional Section 8 vouchers to expand the supply of housing within its jurisdiction when available through HUD.

Objective – Reduce public housing vacancies: The is currently working on reducing the turnover time for vacated public housing units to lower the vacancy rate of the units as well as improve the HAN's Management Indicator.

Objective – Improve public housing management: The HAN is currently in the process of improving public housing management functions such as lease up of units to improve their PHAS score.

Objective – Improve voucher management: The HAN is currently in the process of improving voucher management functions such as lease up of Section 8 units to improve their SEMAP score.

|     |   |
|-----|---|
|     | <p>Objective – Increase customer satisfaction: The HAN is attempting to keep residents better informed of HAN policies and programs as well as overall Authority information through meetings for the residents.</p> <p>Objective – Concentrate on efforts to improve specific management functions: The HAN is currently in the process of improving the work order system and quarterly inspections of the dwelling units and systems.</p> <p>Objective – Renovate or modernize public housing units: The HAN has continually upgraded its public housing units through the Comprehensive Grant Program as well as the Capital Funds Program. All modernization activities are addressed in accordance with need as well as residents' requests in all developments.</p> <p>Objective – Conduct outreach efforts to potential voucher landlords: The HAN is currently conducting outreach efforts to potential voucher landlords through their Section 8 Program. The outreach effort consists of contacting the potential landlords by telephone and/or mailings notifying them of the availability of voucher recipients.</p> <p>Objective – Implement public housing security improvements: The HAN has recently installed surveillance cameras in all developments in an effort to alleviate crime and vandalism.</p> <p>Objective – Increase the number and percentage of employed persons in assisted families: Under the Authority's ACOP, the HAN has adopted rent policies to support and encourage work. These rent policies include "flat rents", which are an incentive for families to work without the burden of paying high rents. Additionally, the HAN gives preference to working families to help increase the number of employed persons in assisted housing.</p> <p>Objective – Provide or attract supportive services to improve assistance recipients' employability: The HAN offers and provides a variety of services and programs to their residents to achieve self-sufficiency and improve assistance recipients' employability. These services and programs include the Welfare to Work Program as well as referrals to local non-profit agencies providing supportive services.</p> <p>Objective – Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: The HAN continues to operate its public housing program and Section 8 programs to ensure equal access to all regardless of race, color, religion, national origin, sex familial status, and disability.</p> <p>Objective – Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability: The HAN's operations and management, inspections, maintenance and modernization programs are spread equally among all developments.</p> <p>Objective – Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: The HAN provides accessible units where needed by our residents. To date, the HAN has more resources than necessary to meet the current needs.</p> <p>Objective – Improve PHA Management and service delivery efforts through oversight, assistance and selective intervention by highly skilled diagnostic and results oriented field personnel: The HAN continues to improve on this goal.</p> <p>Objective – Seek problem-solving partnerships with PHA residents, community and government leadership: The HAN continues to improve on this goal.</p> <p>Objective – Act as an agent for change when performance is unacceptable and we judge that local leadership is not capable or committed to improvement: The HAN continues to improve on this goal.</p> <p>Objective – Efficiently apply limited HUD resources by using risk assessment techniques to focus our oversight efforts: The HAN continues to improve on this goal.</p> <p>Objective – Conduct a complete overview of our policies to ensure conformity with HUD regulations and serve our tenants in the best possible way: The HAN continues to improve on this goal.</p> <p>Objective – Increase communication with residents on maintenance issues effecting there everyday life, such as water turn offs, through notification on local radio stations as well as door to door notices when possible: The HAN continues to improve on this goal.</p> |
| 6.0 | <p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p>Eligibility, Selection and Admissions Policies: The HAN is currently revising the ACOP and Section 8 Administrative Plan and will be presenting to the HAN Board of Commissioners for approval after the thirty (30) day resident comment period.</p> <p>Financial Resources: The HAN Financial Statement including PHA Operating and Capital Funds, Section 8 Funds, Rental Income, Investments etc. change on an annual basis. The HAN maintains this information on file and makes it available for HUD and public review at the HAN Administration Office.</p> <p>Operation and Management: The HAN adopted an ARRA Procurement Policy in the 2010 PHA Plan Year for implementing the stimulus funds as recommended by HUD. This policy also includes a clause relative to the "Buy American" requirement. Additionally, the HAN is currently reviewing and revising, as necessary, all policies relating to public housing and Section 8 administration, management, maintenance, leasing and occupancy. The revised policies will be presented to the HAN Board of Commissioners for approval after any required thirty (30) day resident comment period.</p>   |

|            |  |
|------------|--|
|            | <p>Fiscal Year Audit: The HAN's most recent Audit is on file at the HAN Administration Office and is available for HUD and public review.</p> <p>Violence Against Women Act (VAWA): The HAN Board of Commissioners has approved the required VAWA Policy which is attached.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p><b>Housing Authority of Newberry Administration Office, 3589 Grant Avenue, Newberry, South Carolina 29108</b></p> |
| <b>7.0</b> | <p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>Not Applicable:</b> The HAN is not participating in any of the above listed programs.</p>   |
| <b>8.0</b> | <p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>  |
| <b>8.1</b> | <p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See attached Forms HUD 50075.1 for FFY 2011 and all open CFP Grants.</p>   |
| <b>8.2</b> | <p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached Form HUD 50075.2 for Five-Year CFP.</p>   |
| <b>8.3</b> | <p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>Not Applicable</p>   |

| <p><b>9.0</b></p>  | <p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The HAN has consulted with the Newberry County's Consolidated Plan for Housing and Community Development in an effort to identify specific housing needs. Housing needs data for the HAN and this Agency Plan has also been developed from the 2000 Census and the HAN current public housing and Section 8 waiting lists. See tables below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall*</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Accessibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income &lt;= 30% of AMI</td> <td>667</td> <td>3</td> <td>3</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Income &gt;30% but &lt;=50% of AMI</td> <td>339</td> <td>2</td> <td>2</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Income &gt;50% but &lt;80% of AMI</td> <td>194</td> <td>1</td> <td>2</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Elderly</td> <td>252</td> <td>1</td> <td>2</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Families with Disabilities</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Race/Ethnicity/White</td> <td>622</td> <td>NA</td> <td>NA</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Race/Ethnicity/Black</td> <td>953</td> <td>NA</td> <td>NA</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Race/Ethnicity/Hispanic</td> <td>169</td> <td>NA</td> <td>NA</td> <td>2</td> <td>1</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Race/Ethnicity/Other</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table> <p>*Source: CHAS Data, Town of Newberry, South Carolina Jurisdiction Area, 2000 Census</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Housing Needs of Families on the PHA's Current Waiting List</th> </tr> <tr> <td colspan="4">Waiting list type: (select one)</td> </tr> </thead> <tbody> <tr> <td colspan="4"> <input type="checkbox"/> Section 8 tenant-based assistance<br/> <input type="checkbox"/> Public Housing<br/> <input checked="" type="checkbox"/> Combined Section 8 and Public Housing S8 (179) PH (274)<br/> <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)         </td> </tr> <tr> <td colspan="4">If used, identify which development/subjurisdiction:</td> </tr> <tr> <td></td> <td># of families</td> <td>% of total families</td> <td>Annual Turnover (PH)</td> </tr> <tr> <td>Waiting list total:</td> <td>453</td> <td></td> <td></td> </tr> <tr> <td>Extremely low income &lt;=30% AMI</td> <td>425</td> <td>94%</td> <td></td> </tr> <tr> <td>Very low income(&gt;30% but &lt;=50% AMI)</td> <td>24</td> <td>5%</td> <td></td> </tr> <tr> <td>Low income(&gt;50% but &lt;80% AMI)</td> <td>4</td> <td>1%</td> <td></td> </tr> <tr> <td>Families with children</td> <td>301</td> <td>89%</td> <td></td> </tr> <tr> <td>Elderly families</td> <td>11</td> <td>3%</td> <td></td> </tr> <tr> <td>Families with Disabilities</td> <td>51</td> <td>9%</td> <td></td> </tr> <tr> <td>Race/ethnicity White</td> <td>75</td> <td>20%</td> <td></td> </tr> <tr> <td>Race/ethnicity Black</td> <td>374</td> <td>78%</td> <td></td> </tr> <tr> <td>Race/ethnicity Hispanic</td> <td>4</td> <td>2%</td> <td></td> </tr> <tr> <td>Race/ethnicity Other</td> <td>1</td> <td>0%</td> <td></td> </tr> <tr> <td colspan="4">Characteristics by Bedroom Size (Public Housing Only)</td> </tr> <tr> <td>1 BR</td> <td>104</td> <td>37%</td> <td></td> </tr> <tr> <td>2 BR</td> <td>125</td> <td>45%</td> <td></td> </tr> <tr> <td>3 BR</td> <td>41</td> <td>14%</td> <td></td> </tr> <tr> <td>4 BR</td> <td>4</td> <td>4%</td> <td></td> </tr> <tr> <td>5 BR</td> <td>0</td> <td>0%</td> <td></td> </tr> <tr> <td colspan="4">Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="4">If yes:</td> </tr> <tr> <td colspan="4">How long has it been closed (# of months)? NA</td> </tr> <tr> <td colspan="4">Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="4">Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </tbody> </table> <p>*Source: Housing Authority of Newberry Public Housing and Section 8 Waiting Lists</p> | Housing Needs of Families in the Jurisdiction by Family Type |                      |         |               |      |          |  |  | Family Type | Overall* | Affordability | Supply | Quality | Accessibility | Size | Location | Income <= 30% of AMI | 667 | 3 | 3 | 2 | 1 | NA | NA | Income >30% but <=50% of AMI | 339 | 2 | 2 | 2 | 1 | NA | NA | Income >50% but <80% of AMI | 194 | 1 | 2 | 2 | 1 | NA | NA | Elderly | 252 | 1 | 2 | 2 | 1 | NA | NA | Families with Disabilities | NA | NA | NA | 2 | 1 | NA | NA | Race/Ethnicity/White | 622 | NA | NA | 2 | 1 | NA | NA | Race/Ethnicity/Black | 953 | NA | NA | 2 | 1 | NA | NA | Race/Ethnicity/Hispanic | 169 | NA | NA | 2 | 1 | NA | NA | Race/Ethnicity/Other | NA | Housing Needs of Families on the PHA's Current Waiting List |  |  |  | Waiting list type: (select one) |  |  |  | <input type="checkbox"/> Section 8 tenant-based assistance<br><input type="checkbox"/> Public Housing<br><input checked="" type="checkbox"/> Combined Section 8 and Public Housing S8 (179) PH (274)<br><input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |  |  |  | If used, identify which development/subjurisdiction: |  |  |  |  | # of families | % of total families | Annual Turnover (PH) | Waiting list total: | 453 |  |  | Extremely low income <=30% AMI | 425 | 94% |  | Very low income(>30% but <=50% AMI) | 24 | 5% |  | Low income(>50% but <80% AMI) | 4 | 1% |  | Families with children | 301 | 89% |  | Elderly families | 11 | 3% |  | Families with Disabilities | 51 | 9% |  | Race/ethnicity White | 75 | 20% |  | Race/ethnicity Black | 374 | 78% |  | Race/ethnicity Hispanic | 4 | 2% |  | Race/ethnicity Other | 1 | 0% |  | Characteristics by Bedroom Size (Public Housing Only) |  |  |  | 1 BR | 104 | 37% |  | 2 BR | 125 | 45% |  | 3 BR | 41 | 14% |  | 4 BR | 4 | 4% |  | 5 BR | 0 | 0% |  | Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  | If yes: |  |  |  | How long has it been closed (# of months)? NA |  |  |  | Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  | Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes |  |  |  |
|--|--|--|----------------------|---------|---------------|------|----------|--|--|-------------|----------|---------------|--------|---------|---------------|------|----------|----------------------|-----|---|---|---|---|----|----|------------------------------|-----|---|---|---|---|----|----|-----------------------------|-----|---|---|---|---|----|----|---------|-----|---|---|---|---|----|----|----------------------------|----|----|----|---|---|----|----|----------------------|-----|----|----|---|---|----|----|----------------------|-----|----|----|---|---|----|----|-------------------------|-----|----|----|---|---|----|----|----------------------|----|----|----|----|----|----|----|---|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|---------------|---------------------|----------------------|---------------------|-----|--|--|--------------------------------|-----|-----|--|-------------------------------------|----|----|--|-------------------------------|---|----|--|------------------------|-----|-----|--|------------------|----|----|--|----------------------------|----|----|--|----------------------|----|-----|--|----------------------|-----|-----|--|-------------------------|---|----|--|----------------------|---|----|--|---|--|--|--|------|-----|-----|--|------|-----|-----|--|------|----|-----|--|------|---|----|--|------|---|----|--|--|--|--|--|---------|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|
| Housing Needs of Families in the Jurisdiction by Family Type   |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Family Type  | Overall*   | Affordability  | Supply               | Quality | Accessibility | Size | Location |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Income <= 30% of AMI   | 667  | 3  | 3                    | 2       | 1             | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Income >30% but <=50% of AMI   | 339  | 2  | 2                    | 2       | 1             | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Income >50% but <80% of AMI  | 194  | 1  | 2                    | 2       | 1             | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Elderly  | 252  | 1  | 2                    | 2       | 1             | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Families with Disabilities   | NA   | NA   | NA                   | 2       | 1             | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Race/Ethnicity/White   | 622  | NA   | NA                   | 2       | 1             | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Race/Ethnicity/Black   | 953  | NA   | NA                   | 2       | 1             | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Race/Ethnicity/Hispanic  | 169  | NA   | NA                   | 2       | 1             | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Race/Ethnicity/Other   | NA   | NA   | NA                   | NA      | NA            | NA   | NA       |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Housing Needs of Families on the PHA's Current Waiting List  |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Waiting list type: (select one)  |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/> Section 8 tenant-based assistance<br><input type="checkbox"/> Public Housing<br><input checked="" type="checkbox"/> Combined Section 8 and Public Housing S8 (179) PH (274)<br><input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| If used, identify which development/subjurisdiction:   |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
|  | # of families  | % of total families  | Annual Turnover (PH) |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Waiting list total:  | 453  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Extremely low income <=30% AMI   | 425  | 94%  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Very low income(>30% but <=50% AMI)  | 24   | 5%   |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Low income(>50% but <80% AMI)  | 4  | 1%   |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Families with children   | 301  | 89%  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Elderly families   | 11   | 3%   |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Families with Disabilities   | 51   | 9%   |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Race/ethnicity White   | 75   | 20%  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Race/ethnicity Black   | 374  | 78%  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Race/ethnicity Hispanic  | 4  | 2%   |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Race/ethnicity Other   | 1  | 0%   |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Characteristics by Bedroom Size (Public Housing Only)  |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| 1 BR   | 104  | 37%  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| 2 BR   | 125  | 45%  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| 3 BR   | 41   | 14%  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| 4 BR   | 4  | 4%   |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| 5 BR   | 0  | 0%   |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| If yes:  |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| How long has it been closed (# of months)? NA  |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |  |                      |         |               |      |          |  |  |             |          |               |        |         |               |      |          |                      |     |   |   |   |   |    |    |                              |     |   |   |   |   |    |    |                             |     |   |   |   |   |    |    |         |     |   |   |   |   |    |    |                            |    |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                      |     |    |    |   |   |    |    |                         |     |    |    |   |   |    |    |                      |    |    |    |    |    |    |    |   |  |  |  |                                 |  |  |  |  |  |  |  |  |  |  |  |  |               |                     |                      |                     |     |  |  |                                |     |     |  |                                     |    |    |  |                               |   |    |  |                        |     |     |  |                  |    |    |  |                            |    |    |  |                      |    |     |  |                      |     |     |  |                         |   |    |  |                      |   |    |  |   |  |  |  |      |     |     |  |      |     |     |  |      |    |     |  |      |   |    |  |      |   |    |  |  |  |  |  |         |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |

|      |   |
|------|---|
| 9.1  | <p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note:</b> Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The HAN will continue its efforts to meet the specific needs of residents within the jurisdiction of the HAN as identified above. Although the HAN will meet the needs of all of our residents, special emphasis will be directed towards the highest percentage needs such as the provision of smaller size bedroom units (1 &amp; 2 bedroom sizes) for families with children, elderly and individuals with disabilities. In addition, the HAN will continue to employ effective management and maintenance policies to minimize vacancies and turnover time.</p>  |
| 10.0 | <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>As discussed in Section 5.2 of this form, the Housing Authority of Newberry continues its ongoing efforts to meet the Mission and Goals identified in our most recent 5-Year Agency Plan. The HAN is diligent in providing safe, decent and affordable housing; creating opportunities for our resident's self-sufficiency and economic independence; and assure fiscal integrity in all public housing programs. Our staff is continually striving to improve our management and service delivery efforts, as well as maintain the physical appearance and function of our dwelling units, grounds and facilities.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>HAN's definition of "Significant Amendment or Substantial Deviation":</p> <p>Substantial Deviation from the 5-year Plan is defined as changes in the goals and objectives of the Housing Authority of Newberry.</p> <p>Significant Amendment or Modification to the Annual Plan will be defined as follows:</p> <ul style="list-style-type: none"> <li>a. Changes to rent or admission policies or organization of the waiting list.</li> <li>b. Addition of non-emergency work items (not included in the Capital Fund Annual Statement or Five-Year Action Plan)</li> <li>c. Any changes or demolition, designation, home-ownership programs, or conversion activities.</li> </ul> <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.</p> |
| 11.0 | <p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) <b>ATTACHED</b></p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) <b>NA</b></p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <b>ATTACHED</b></p> <p>(g) Challenged Elements <b>NONE</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b>ATTACHED</b></p>  |

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

| Part I: Summary   |  | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650111<br>Date of CFFP: _____ | Replacement Housing Factor Grant No:<br>FFY of Grant:<br>2011<br>FFY of Grant Approval:<br>2011 |
|---|--|--|---|
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |  | Total Estimated Cost   | Total Actual Cost <sup>1</sup>  |
| Line  | Summary by Development Account                               | Original   | Obligated   |
|   |  | Revised <sup>2</sup>   | Expended  |
| 1   | Total non-CFP Funds  | 0  |   |
| 2   | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> | 18,178   |   |
| 3   | 1408 Management Improvements                                 | 20,000   |   |
| 4   | 1410 Administration (may not exceed 10% of line 21)          | 50,000   |   |
| 5   | 1411 Audit   | 0  |   |
| 6   | 1415 Liquidated Damages                                      | 0  |   |
| 7   | 1430 Fees and Costs  | 50,000   |   |
| 8   | 1440 Site Acquisition  | 0  |   |
| 9   | 1450 Site Improvement  | 45,000   |   |
| 10  | 1460 Dwelling Structures                                     | 368,500  |   |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                      | 16,000   |   |
| 12  | 1470 Non-dwelling Structures                                 | 0  |   |
| 13  | 1475 Non-dwelling Equipment                                  | 41,000   |   |
| 14  | 1485 Demolition  | 0  |   |
| 15  | 1492 Moving to Work Demonstration                            | 0  |   |
| 16  | 1495.1 Relocation Costs                                      | 0  |   |
| 17  | 1499 Development Activities <sup>4</sup>                     | 0  |   |

<sup>1</sup> To be completed for the Performance and Evaluation Report

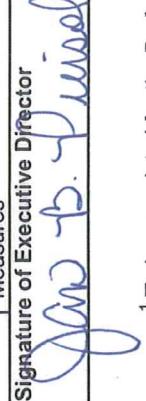
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds shall be included here

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U.S. Department of Housing and Urban Development  
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 OMB No. 2577-0226  
 Expires 4/30/2011

| Part I: Summary  |  |   |                            | Federal FY of Grant:<br>2011<br>FFY OF Grant Approval:<br>2011 |                                      |
|--|--|---|----------------------------|--|--------------------------------------|
| PHA Name:<br>Housing Authority of Newberry   | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650111<br>Replacement Housing Factor Grant No:  |   |                            |  |                                      |
| <b>Type of Grant</b>   | <input checked="" type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Final Performance and Evaluation Report |   |                            |  |                                      |
| <input checked="" type="checkbox"/> Original Annual Statement<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending:<br><b>Line</b><br><b>Summary by Development Account</b> | <b>Total Estimated Cost</b>  | <b>Original</b>                             | <b>Revised<sup>2</sup></b> | <b>Obligated</b>   | <b>Total Actual Cost<sup>1</sup></b> |
| 18a 1501 Collateralization or Debt Service paid by the PHA<br>18b 9000 Collateralization or Debt Service paid via System of<br>Direct Payment  | 0  | 0   | 0                          | 0  |                                      |
| 19 1502 Contingency (may not exceed 8% of line 20)   | 0  |   |                            |  |                                      |
| 20 Amount of Annual Grant: (sum of lines 2 – 19)   | 608,678  |   |                            |  |                                      |
| 21 Amount of line 20 Related to LBP Activities   | 0  |   |                            |  |                                      |
| 22 Amount of line 20 Related to Section 504 Activities   | 0  |   |                            |  |                                      |
| 23 Amount of line 20 Related to Security – Soft Costs  | 0  |   |                            |  |                                      |
| 24 Amount of Line 20 Related to Security – Hard Costs  | 0  |   |                            |  |                                      |
| 25 Amount of line 20 Related to Energy Conservation<br>Measures  | 0  |   |                            |  |                                      |
| <b>Signature of Executive Director</b><br>   | <b>Date</b><br>11/18/10  | <b>Signature of Public Housing Director</b> |                            | <b>Date</b>  |                                      |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

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**Part II Supporting Pages**

| PHA Name:<br>Housing Authority of Newberry    | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650111    CFFP (Yes/No): No | Federal FFY of Grant: 2011 |          |                                  |
|---|--|----------------------------|----------|----------------------------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.              | Quantity | Total Estimated Cost             |
|   |  |                            |          | Original    Revised <sup>1</sup> |
| SC035-001                                     | Landscaping/Grading  | 1450                       | Dev-wide | 10,000                           |
| Julian E. Grant Homes                         | Cycle Painting   | 1460                       | Dev-wide | 5,000                            |
|   | Tub Surrounds (2 & 3 BR Units)   | 1460                       | Dev-wide | 82,500                           |
|   | Sewer Lines  | 1460                       | Dev-wide | 41,000                           |
|   | Laundry Room Doors   | 1460                       | Dev-wide | 20,000                           |
|   | Door Lock Cores  | 1460                       | Dev-wide | 15,000                           |
|   | Exterior GFI's   | 1460                       | Dev-wide | 10,000                           |
|   | Interior Drainage Improvements   | 1460                       | Dev-wide | 21,000                           |
|   | Pest Control   | 1460                       | Dev-wide | 10,000                           |
|   | Range Hood Replacements  | 1460                       | Dev-wide | 15,000                           |
|   | Interior Renovations   | 1460                       | Dev-wide | 5,000                            |
|   | Appliances   | 1465.1                     | Dev-wide | 8,000                            |
| SC035-003                                     | Landscaping/Grading  | 1450                       | Dev-wide | 5,000                            |
| Bethlehem Gardens                             | Playground Equipment   | 1450                       | Dev-wide | 20,000                           |
|   | Drainage Improvements  | 1450                       | Dev-wide | 5,000                            |
|   | Cycle Painting   | 1460                       | Dev-wide | 3,000                            |
|   | Door Lock Cores  | 1460                       | Dev-wide | 2,500                            |
|   | Windows  | 1460                       | Dev-wide | 44,500                           |
|   | Range Hood Replacements  | 1460                       | Dev-wide | 6,000                            |
|   | Appliances   | 1465.1                     | Dev-wide | 4,000                            |
| SC035-004                                     | Landscaping/Grading  | 1450                       | Dev-wide | 5,000                            |
| E. Gordon Able                                | Cycle Painting   | 1460                       | Dev-wide | 3,000                            |
|   | Door Lock Cores  | 1460                       | Dev-wide | 2,500                            |
|   | Windows  | 1460                       | Dev-wide | 60,500                           |
|   | Exterior GFI's   | 1460                       | Dev-wide | 10,000                           |
|   | Pest Control   | 1460                       | Dev-wide | 7,000                            |

| Part II Supporting Pages                   |                                      |  | Federal FFY of Grant: 2011 |                              |                             |                |
|--|--------------------------------------|--|----------------------------|------------------------------|-----------------------------|----------------|
| PHA Name:<br>Housing Authority of Newberry |                                      | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650111    CFFP (Yes/No): No |                            | Federal FFY of Grant: 2011   |                             |                |
| Development Number/HA-Wide Activities      |                                      | General Description of Major Work Categories   |                            | Total Estimated Cost         |                             | Status of Work |
| Dev. Acct No.                              | Quantity                             | Original   | Revised <sup>1</sup>       | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup> |                |
| SC035-004                                  | Range Hood Replacements              | 1460   | Dev-wide                   | 5,000                        |                             |                |
| E. Gordon Able                             | Appliances                           | 1465.1   | Dev-wide                   | 4,000                        |                             |                |
| (continued)                                |                                      |  |                            |                              |                             |                |
| PHA-WIDE Operations                        | Operating Expense                    | 1406   | 1                          | 18,178                       |                             |                |
| PHA-WIDE Management Improvements           | Computer Upgrades Training Inspector | 1408   | 1                          | 4,000                        |                             |                |
| PHA-WIDE Administration                    | Salaries                             | 1410   | 1                          | 50,000                       |                             |                |
| PHA-WIDE Fees & Costs                      | A/E Fees                             | 1430   | 1                          | 50,000                       |                             |                |
| PHA-WIDE Equipment                         | Surveillance Cameras Maintenance     | 1475   | PHA-wide                   | 33,000                       |                             |                |
|  | Equipment                            | 1475   | PHA-wide                   | 8,000                        |                             |                |
|  |                                      |  |                            |                              |                             |                |
|  |                                      |  |                            |                              |                             |                |
|  |                                      |  |                            |                              |                             |                |
|  |                                      |  |                            |                              |                             |                |
|  |                                      |  |                            |                              |                             |                |
|  |                                      |  |                            |                              |                             |                |
|  |                                      |  |                            |                              |                             |                |
|  |                                      |  |                            |                              |                             |                |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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**Part III: Implementation Schedule for Capital Fund Program**

PHA Name: **Housing Authority of Newberry**

| Development Number<br>Name/PHA-Wide<br>Activities | All Fund Obligated<br>(Quarter Ending Date) | All Funds Expended<br>(Quarter Ending Date) |                                  | Federal FY of Grant: 2011      | Reasons for Revised Target Dates <sup>1</sup> |
|---|---|---|----------------------------------|--------------------------------|---|
|   | Original Obligation<br>End Date             | Actual Obligation<br>End Date               | Original Expenditure<br>End Date | Actual Expenditure<br>End Date |   |
| SC035-001<br>Julian E. Grant<br>Homes             | 09/30/2013                                  |   | 09/30/2015                       |                                |   |
| SC035-003<br>Bethlehem<br>Gardens                 | 09/30/2013                                  |   | 09/30/2015                       |                                |   |
| SC035-004<br>E. Gordon<br>Able                    | 09/30/2013                                  |   | 09/30/2015                       |                                |   |
| PHA-WIDE<br>Operations                            | 09/30/2013                                  |   | 09/30/2015                       |                                |   |
| PHA-WIDE<br>Management<br>Improvements            | 09/30/2013                                  |   | 09/30/2015                       |                                |   |
| PHA-WIDE<br>Administration                        | 09/30/2013                                  |   | 09/30/2015                       |                                |   |
| PHA-WIDE<br>Fees & Costs                          | 09/30/2013                                  |   | 09/30/2015                       |                                |   |
| PHA-WIDE<br>Nondwelling<br>Equipment              | 09/30/2013                                  |   | 09/30/2015                       |                                |   |

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Expires 4/30/2011

**Part I: Summary**

| <b>PHA Name:</b><br>Housing Authority of Newberry  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No.: SC35P01650110 | <b>Replacement Housing Factor Grant No.:</b><br>_____ | <b>FFY of Grant:</b><br>2010<br>FFY of Grant Approval:<br>2010 |
|--|---|---|--|
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |  |
| Line   | Summary by Development Account  | Total Estimated Cost                                  | Total Actual Cost <sup>1</sup>                                 |
|  |   | Original  | Revised <sup>2</sup>   |
| 1  | Total non-CFP Funds   | 0   | 0  |
| 2  | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>                  | 31,251  | 31,251   |
| 3  | 1408 Management Improvements  | 20,000  | 20,000   |
| 4  | 1410 Administration (may not exceed 10% of line 21)                           | 50,000  | 50,000   |
| 5  | 1411 Audit  | 0   | 0  |
| 6  | 1415 Liquidated Damages   | 0   | 0  |
| 7  | 1430 Fees and Costs   | 50,000  | 50,000   |
| 8  | 1440 Site Acquisition   | 0   | 0  |
| 9  | 1450 Site Improvement   | 20,000  | 20,000   |
| 10   | 1460 Dwelling Structures  | 385,000   | 380,427  |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                                       | 16,000  | 16,000   |
| 12   | 1470 Non-dwelling Structures  | 0   | 0  |
| 13   | 1475 Non-dwelling Equipment   | 41,000  | 41,000   |
| 14   | 1485 Demolition   | 0   | 0  |
| 15   | 1492 Moving to Work Demonstration   | 0   | 0  |
| 16   | 1495.1 Relocation Costs   | 0   | 0  |
| 17   | 1499 Development Activities <sup>4</sup>                                      | 0   | 0  |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds shall be included here

Annual Statement/Performance and Evaluation Report  
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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

| Part I: Summary  |   | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650110<br>Replacement Housing Factor Grant No:<br><br>2010             |                         | Federal FY of Grant:<br>2010<br>FFY OF Grant Approval:<br>2010 |                                |
|--|---|---|-------------------------|--|--------------------------------|
| Type of Grant<br><input type="checkbox"/> Original Annual Statement<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 | <input type="checkbox"/> Reserve for Disasters/ Emergencies<br><input type="checkbox"/> Final Performance and Evaluation Report | <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Final Performance and Evaluation Report |                         |  |                                |
| Line   | Summary by Development Account  | Original  | Revised <sup>2</sup>    | Obligated  | Total Actual Cost <sup>1</sup> |
| 18a  | 1501 Collateralization or Debt Service paid by the PHA  | 0   | 0                       | 0  | 0                              |
| 18b  | 90000 Collateralization or Debt Service paid Via System of Direct Payment   | 0   | 0                       | 0  | 0                              |
| 19   | 1502 Contingency (may not exceed 8% of line 20)   | 0   | 0                       | 0  | 0                              |
| 20   | Amount of Annual Grant: (sum of lines 2 – 19)   | 613,251   | 608,678                 | 608,678  | 1,482                          |
| 21   | Amount of line 20 Related to LBP Activities   | 0   | 0                       | 0  | 0                              |
| 22   | Amount of line 20 Related to Section 504 Activities   | 0   | 0                       | 0  | 0                              |
| 23   | Amount of line 20 Related to Security – Soft Costs  | 0   | 0                       | 0  | 0                              |
| 24   | Amount of Line 20 Related to Security – Hard Costs  | 0   | 0                       | 0  | 0                              |
| 25   | Amount of line 20 Related to Energy Conservation Measures   | 0   | 0                       | 0  | 0                              |
| Signature of Executive Director.   |   | Date<br><i>Jacob. D. Ward</i>   | Date<br><i>11/18/10</i> | Signature of Public Housing Director                           | Date                           |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds shall be included here

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 Expires 4/30/2011

**Part II Supporting Pages**

| PHA Name:<br>Housing Authority of Newberry |  | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650110 CFFP (Yes/No): No |          | Federal FFY of Grant: 2010 |                      |
|--|--|---|----------|----------------------------|----------------------|
| Development Number/HA-Wide Activities      | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost       | Total Actual Cost    |
|  |  |   |          | Original                   | Revised <sup>1</sup> |
| SC035-001                                  | Landscaping/Erosion Control                  | 1460  | Dev-wide | 10,000                     | 10,000               |
| Julian E. Grant Homes                      | Cycle Painting                               | 1460  | Dev-wide | 5,000                      | 5,000                |
|  | Water Cutoff Valves                          | 1460  | Dev-wide | 20,000                     | 20,000               |
|  | Relocate/Replace Water Heaters               | 1460  | Dev-wide | 28,000                     | 28,000               |
|  | Dryer Hook-ups                               | 1460  | Dev-wide | 10,000                     | 8,476                |
|  | Appliances                                   | 1465.1  | Dev-wide | 8,000                      | 8,000                |
| SC035-003                                  | Landscaping/Erosion Control                  | 1460  | Dev-wide | 5,000                      | 5,000                |
| Bethlehem Gardens                          | Cycle Painting                               | 1460  | Dev-wide | 3,000                      | 3,000                |
|  | Flooring                                     | 1460  | Dev-wide | 139,000                    | 139,000              |
|  | Dryer Hook-ups                               | 1460  | Dev-wide | 10,000                     | 8,476                |
|  | Appliances                                   | 1465.1  | Dev-wide | 4,000                      | 4,000                |
| SC035-004                                  | Sidewalks                                    | 1450  | Dev-wide | 20,000                     | 20,000               |
| E. Gordon Able                             | Landscaping/Erosion Control                  | 1460  | Dev-wide | 5,000                      | 5,000                |
|  | Cycle Painting                               | 1460  | Dev-wide | 3,000                      | 3,000                |
|  | HVAC   | 1460  | Dev-wide | 113,000                    | 113,000              |
|  | Replace Water Heaters                        | 1460  | Dev-wide | 4,000                      | 4,000                |
|  | Water Cutoff Valves                          | 1460  | Dev-wide | 10,000                     | 10,000               |
|  | Circular Heat Pumps                          | 1460  | Dev-wide | 10,000                     | 10,000               |
|  | Dryer Hook-ups                               | 1460  | Dev-wide | 10,000                     | 8,475                |
|  | Appliances                                   | 1465.1  | Dev-wide | 4,000                      | 4,000                |

| Part II Supporting Pages              |  | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650110 CFFP (Yes/No): No |          | Federal FFY of Grant: 2010 |                      |                |
|---------------------------------------|--|---|----------|----------------------------|----------------------|----------------|
| Development Number/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost       |                      | Status of Work |
|                                       |  |   |          | Original                   | Revised <sup>1</sup> |                |
| PHA-WIDE Operations                   | Operating Expense                            | 1406  | 1        | 31,251                     | 31,251               | 31,251         |
| PHA-WIDE Management Improvements      | Computer Upgrades                            | 1408  | 1        | 4,000                      | 4,000                | 0              |
| Management Improvements               | Training Inspector                           | 1408  | 1        | 10,000                     | 10,000               | 0              |
| PHA-WIDE Administration               | Inspector                                    | 1408  | 1        | 6,000                      | 6,000                | 0              |
| PHA-WIDE Salaries                     | Salaries                                     | 1410  | 1        | 50,000                     | 50,000               | 762            |
| PHA-WIDE A/E Fees                     | A/E Fees                                     | 1430  | 1        | 50,000                     | 50,000               | 0              |
| PHA-WIDE Fees & Costs                 | Fees & Costs                                 |   |          |                            |                      | 0              |
| PHA-WIDE Nondwelling Equipment        | Equipment                                    | 1475  | PHA-wide | 33,000                     | 33,000               | 0              |
| Nondwelling Equipment                 | Surveillance Cameras Maintenance             | 1475  | PHA-wide | 8,000                      | 8,000                | 0              |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Part III: Implementation Schedule for Capital Fund Program**

| PHA Name: Housing Authority of Newberry           |   |                                 |                               |   |   | Federal FY of Grant: 2010 |
|---|---|---------------------------------|-------------------------------|---|---|---------------------------|
| Development Number<br>Name/PHA-Wide<br>Activities | All Fund Obligated<br>(Quarter Ending Date) | Original Obligation<br>End Date | Actual Obligation<br>End Date | All Funds Expended<br>(Quarter Ending Date) | Reasons for Revised Target Dates <sup>1</sup> |                           |
| SC035-001<br>Julian E. Grant<br>Homes             | 09/30/2012                                  | 06/30/2010                      | 09/30/2014                    |   |   |                           |
| SC035-003<br>Bethlehem<br>Gardens                 | 09/30/2012                                  | 06/30/2010                      | 09/30/2014                    |   |   |                           |
| SC035-004<br>E. Gordon<br>Able                    | 09/30/2012                                  | 06/30/2010                      | 09/30/2014                    |   |   |                           |
| PHA-WIDE<br>Operations                            | 09/30/2012                                  | 06/30/2010                      | 09/30/2014                    |   |   |                           |
| PHA-WIDE<br>Management<br>Improvements            | 09/30/2012                                  | 06/30/2010                      | 09/30/2014                    |   |   |                           |
| PHA-WIDE<br>Administration                        | 09/30/2012                                  | 06/30/2010                      | 09/30/2014                    |   |   |                           |
| PHA-WIDE<br>Fees & Costs                          | 09/30/2012                                  | 06/30/2010                      | 09/30/2014                    |   |   |                           |
| PHA-WIDE<br>Nondwelling<br>Equipment              | 09/30/2012                                  | 06/30/2010                      | 09/30/2014                    |   |   |                           |

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

| <b>PHA Name:</b><br>Housing Authority of Newberry  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No.: SC35P01650109 | <b>Replacement Housing Factor Grant No.:</b><br>_____ | <b>FFY of Grant:</b><br>2009          |
|--|---|---|---------------------------------------|
| Date of CFFP: _____  |   | Date of CFFP: _____                                   | <b>FFY of Grant Approval:</b><br>2009 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |                                       |
| Line   | Summary by Development Account  | Total Estimated Cost                                  | Total Actual Cost <sup>1</sup>        |
|  |   | Original  | Revised <sup>2</sup>                  |
| 1  | Total non-CFP Funds   | 0   | 0                                     |
| 2  | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>                  | 30,000  | 31,159                                |
| 3  | 1408 Management Improvements  | 20,000  | 20,000                                |
| 4  | 1410 Administration (may not exceed 10% of line 21)                           | 40,000  | 50,000                                |
| 5  | 1411 Audit  | 0   | 0                                     |
| 6  | 1415 Liquidated Damages   | 0   | 0                                     |
| 7  | 1430 Fees and Costs   | 20,000  | 30,000                                |
| 8  | 1440 Site Acquisition   | 0   | 0                                     |
| 9  | 1450 Site Improvement   | 0   | 0                                     |
| 10   | 1460 Dwelling Structures  | 187,383   | 242,592                               |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                                       | 14,500  | 14,500                                |
| 12   | 1470 Non-dwelling Structures  | 0   | 137,500                               |
| 13   | 1475 Non-dwelling Equipment   | 0   | 87,500                                |
| 14   | 1485 Demolition   | 0   | 0                                     |
| 15   | 1492 Moving to Work Demonstration   | 0   | 0                                     |
| 16   | 1495.1 Relocation Costs   | 0   | 0                                     |
| 17   | 1499 Development Activities <sup>4</sup>                                      | 0   | 0                                     |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds shall be included here

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| Part I: Summary  |   |   |                                      |                                |          |
|--|---|---|--------------------------------------|--------------------------------|----------|
| PHA Name:<br>Housing Authority of Newberry   | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650109<br>Replacement Housing Factor Grant No:                   | Federal FY of Grant:<br>2009<br>FFY Of Grant Approval:<br>2009  |                                      |                                |          |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 | <input type="checkbox"/> Reserve for Disasters/ Emergencies<br><input type="checkbox"/> Final Performance and Evaluation Report | <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Final Performance and Evaluation Report |                                      |                                |          |
| Line   | Summary by Development Account  | Total Estimated Cost  |                                      |                                |          |
|  | Original  | Revised <sup>2</sup>  | Obligated                            | Total Actual Cost <sup>1</sup> | Expended |
| 18a  | 1501 Collateralization or Debt Service paid by the PHA  | 0   | 0                                    | 0                              | 0        |
| 18b  | 9000 Collateralization or Debt Service paid Via System of Direct Payment  | 0   | 0                                    | 0                              | 0        |
| 19   | 1502 Contingency (may not exceed 8% of line 20)   | 0   | 0                                    | 0                              | 0        |
| 20   | Amount of Annual Grant: (sum of lines 2 – 19)   | 556,883   | 613,251                              | 613,251                        | 339,440  |
| 21   | Amount of line 20 Related to LBP Activities   | 0   | 0                                    | 0                              | 0        |
| 22   | Amount of line 20 Related to Section 504 Activities   | 0   | 0                                    | 0                              | 0        |
| 23   | Amount of line 20 Related to Security – Soft Costs  | 0   | 0                                    | 0                              | 0        |
| 24   | Amount of Line 20 Related to Security – Hard Costs  | 0   | 0                                    | 0                              | 0        |
| 25   | Amount of line 20 Related to Energy Conservation Measures   | 0   | 0                                    | 0                              | 0        |
| Signature of Executive Director  |   | Date  | Signature of Public Housing Director | Date                           |          |
|    |   | 11/18/10  |                                      |                                |          |

- <sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations  
<sup>4</sup> RHF funds shall be included here

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**Part II Supporting Pages**

| PHA Name:<br>Housing Authority of Newberry    |  | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650109 CFFP (Yes/No): No |                          | Federal FFY of Grant: 2009 |                          |                              |                             |                  |
|---|--|---|--------------------------|----------------------------|--------------------------|------------------------------|-----------------------------|------------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories                                 | Dev. Acct No.   | Quantity                 | Total Estimated Cost       | Revised <sup>1</sup>     | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup> | Status of Work   |
| SC035-001 Julian E. Grant Homes               | Landscaping/Erosion Control Cycle Painting Ridge Vent Replacement Appliances | 1460 Dev-wide 1460 Dev-wide 1460 Dev-wide 1465.1 Dev-wide                               | 8,883 8,000 15,000 6,000 | 8,883 8,000 15,000 6,000   | 8,883 8,000 15,000 6,000 | 8,739 8,000 15,000 6,000     | 8,739 8,000 15,000 6,000    | 99% 100% 0% 100% |
|   | Shed Lighting  | 1470 1  | 20,000                   | 0                          | 0                        | 0                            | 0                           | Deleted          |
|   | Office Improvements  | 1470 1  | 137,500                  | 137,500                    | 137,500                  | 137,500                      | 137,500                     | 100%             |
|   | Security Cameras   | 1475 Dev-wide   | 20,000                   | 20,000                     | 20,000                   | 20,000                       | 7,368                       | 37%              |
| SC035-003 Bethlehem Gardens                   | Landscaping/Erosion Control Cycle Painting Vinyl Siding Appliances           | 1460 Dev-wide 1460 Dev-wide 1465.1 Dev-wide   | 5,000 4,000 0            | 5,000 4,000 55,209         | 5,000 4,000 55,209       | 5,000 4,000 55,209           | 5,000 4,000 55,209          | 100% 100% 100%   |
|   | Security Cameras   | 1475 Dev-wide   | 20,000                   | 20,000                     | 20,000                   | 20,000                       | 0                           | 0%               |
| SC035-004 E. Gordon Able                      | Landscaping/Erosion Control Cycle Painting HVAC Appliances                   | 1460 Dev-wide 1460 Dev-wide 1460 Dev-wide   | 5,000 4,000 137,500      | 5,000 4,000 137,500        | 5,000 4,000 137,500      | 0 0 0                        | 0 0 0                       | 0% 0% 0%         |
|   | Security Cameras   | 1475 Dev-wide   | 20,000                   | 20,000                     | 20,000                   | 20,000                       | 0                           | 0%               |
| PHA-WIDE Operations                           | Operating Expense  | 1406 1  | 30,000                   | 31,159                     | 31,159                   | 31,159                       | 31,159                      | 100%             |
| PHA-WIDE Management Improvements              | Computer Upgrades Training Inspector   | 1408 1 1408 1 1408 1  | 4,000 10,000 6,000       | 4,000 10,000 6,000         | 4,000 10,000 6,000       | 2,850 0 3,966                | 2,850 0 3,966               | 72% 0% 66%       |



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**Part III: Implementation Schedule for Capital Fund Program**

| PHA Name: <b>Housing Authority of Newberry</b>    |   |                                 |                               |   |   | Federal FY of Grant: 2009 |
|---|---|---------------------------------|-------------------------------|---|---|---------------------------|
| Development Number<br>Name/PHA-Wide<br>Activities | All Fund Obligated<br>(Quarter Ending Date) | Original Obligation<br>End Date | Actual Obligation<br>End Date | All Funds Expended<br>(Quarter Ending Date) | Reasons for Revised Target Dates <sup>1</sup> |                           |
| SC035-001<br>Julian E. Grant<br>Homes             | 09/14/2011                                  |                                 |                               | 09/14/2013                                  |   |                           |
| SC035-003<br>Bethlehem<br>Gardens                 | 09/14/2011                                  |                                 |                               | 09/14/2013                                  |   |                           |
| SC035-004<br>E. Gordon<br>Able                    | 09/14/2011                                  |                                 |                               | 09/14/2013                                  |   |                           |
| PHA-WIDE<br>Operations                            | 09/14/2011                                  |                                 |                               | 09/14/2013                                  |   |                           |
| PHA-WIDE<br>Management<br>Improvements            | 09/14/2011                                  |                                 |                               | 09/14/2013                                  |   |                           |
| PHA-WIDE<br>Administration                        | 09/14/2011                                  |                                 |                               | 09/14/2013                                  |   |                           |
| PHA-WIDE<br>Fees & Costs                          | 09/14/2011                                  |                                 |                               | 09/14/2013                                  |   |                           |
| PHA-WIDE<br>Nondwelling<br>Equipment              | 09/14/2011                                  |                                 |                               | 09/14/2013                                  |   |                           |

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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**Part I: Summary**

| PHA Name:<br>Housing Authority of Newberry  |  | Grant Type and Number<br>Capital Fund Program Grant No: SC35S01650109   | Replacement Housing Factor Grant No: | FFY of Grant:<br>ARRA<br>FFY of Grant Approval:<br>2009  |           |
|---|--|---|--------------------------------------|--|-----------|
| <input type="checkbox"/> Original Annual Statement<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 |  | <input type="checkbox"/> Reserve for Disasters/ Emergencies<br><input type="checkbox"/> Final Performance and Evaluation Report |                                      | <input type="checkbox"/> Revised Annual Statement (revision no: )<br>Final Performance and Evaluation Report |           |
| Line  | Summary by Development Account                               | Total   | Estimated Cost                       | Revised <sup>1</sup>   | Obligated |
|   |  | Original  | Revised <sup>2</sup>                 | Actual Cost <sup>3</sup>   | Expended  |
| 1   | Total non-CFP Funds  | 0   | 0                                    | 0  | 0         |
| 2   | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> | 0   | 0                                    | 0  | 0         |
| 3   | 1408 Management Improvements                                 | 0   | 0                                    | 0  | 0         |
| 4   | 1410 Administration (may not exceed 10% of line 21)          | 78,160  | 0                                    | 0  | 0         |
| 5   | 1411 Audit   | 0   | 0                                    | 0  | 0         |
| 6   | 1415 Liquidated Damages                                      | 0   | 0                                    | 0  | 0         |
| 7   | 1430 Fees and Costs  | 50,000  | 50,000                               | 50,000   | 50,000    |
| 8   | 1440 Site Acquisition  | 0   | 0                                    | 0  | 0         |
| 9   | 1450 Site Improvement  | 4,275   | 0                                    | 0  | 0         |
| 10  | 1460 Dwelling Structures                                     | 558,397   | 640,832                              | 640,832  | 572,142   |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                      | 0   | 0                                    | 0  | 0         |
| 12  | 1470 Non-dwelling Structures                                 | 20,766  | 20,766                               | 20,766   | 17,051    |
| 13  | 1475 Non-dwelling Equipment                                  | 70,000  | 70,000                               | 70,000   | 70,000    |
| 14  | 1485 Demolition  | 0   | 0                                    | 0  | 0         |
| 15  | 1492 Moving to Work Demonstration                            | 0   | 0                                    | 0  | 0         |
| 16  | 1495.1 Relocation Costs                                      | 0   | 0                                    | 0  | 0         |
| 17  | 1499 Development Activities <sup>4</sup>                     | 0   | 0                                    | 0  | 0         |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds shall be included here

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 OMB No. 2577-0226  
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| Part I: Summary  |   | Grant Type and Number   |   | Federal FY of Grant:                   |                                |
|--|---|---|---|--|--------------------------------|
| PHA Name:<br>Housing Authority of Newberry   |   | Capital Fund Program Grant No: SC35S01650109<br>Replacement Housing Factor Grant No:  |   | ARRA<br>FFY Of Grant Approval:<br>2009 |                                |
| Type of Grant  | <input type="checkbox"/> Original Annual Statement<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 | <input type="checkbox"/> Reserve for Disasters/ Emergencies<br><input type="checkbox"/> Final Performance and Evaluation Report | <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Final Performance and Evaluation Report |  |                                |
| Line   | Summary by Development Account  | Original  | Revised <sup>2</sup>  | Obligated                              | Total Actual Cost <sup>1</sup> |
| 18a  | 1501 Collateralization or Debt Service paid by the PHA  | 0   | 0   | 0                                      | 0                              |
| 18b  | 9000 Collateralization or Debt Service paid Via System of Direct Payment  | 0   | 0   | 0                                      | 0                              |
| 19   | 1502 Contingency (may not exceed 8% of line 20)   | 0   | 0   | 0                                      | 0                              |
| 20   | Amount of Annual Grant: (sum of lines 2 – 19)   | 781,598   | 781,598   | 781,598                                | 781,598                        |
| 21   | Amount of line 20 Related to LBP Activities   | 0   | 0   | 0                                      | 0                              |
| 22   | Amount of line 20 Related to Section 504 Activities   | 0   | 0   | 0                                      | 0                              |
| 23   | Amount of line 20 Related to Security – Soft Costs  | 0   | 0   | 0                                      | 0                              |
| 24   | Amount of Line 20 Related to Security – Hard Costs  | 0   | 0   | 0                                      | 0                              |
| 25   | Amount of line 20 Related to Energy Conservation Measures   | 0   | 0   | 0                                      | 0                              |
| Signature of Executive Director  |   | Date  | Signature of Public Housing Director  | Date                                   |                                |
|  |   | 11/18/10  |   |  |                                |

- <sup>1</sup> To be completed for the Performance and Evaluation Report  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations  
<sup>4</sup> RHF funds shall be included here

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**Part II Supporting Pages**

| PHA Name:<br>Housing Authority of Newberry    |  | Grant Type and Number<br>Capital Fund Program Grant No: SC35S01650109 CFFP (Yes/No): No |          | Federal FFY of Grant: ARRA |                      |                              |                             |
|---|--|---|----------|----------------------------|----------------------|------------------------------|-----------------------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost       | Total Actual Cost    | Status of Work               |                             |
|   |  |   |          | Original                   | Revised <sup>1</sup> | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup> |
| SC035-003                                     | Drainage                                     | 1450  | Dev-wide | 4,275                      | 0                    | 0                            | 0                           |
| Bethlehem Gardens                             | Shingles                                     | 1460  | Dev-wide | 78,624                     | 161,059              | 161,059                      | 100%                        |
|   | Painting                                     | 1460  | Dev-wide | 25,140                     | 25,140               | 25,140                       | 100%                        |
|   | Siding in Breezeways                         | 1460  | Dev-wide | 26,498                     | 26,498               | 26,498                       | 100%                        |
|   | Gutters/Downspouts                           | 1460  | Dev-wide | 63,248                     | 63,248               | 63,248                       | 100%                        |
|   | Stone  | 1460  | Dev-wide | 113,904                    | 113,904              | 45,214                       | 40%                         |
|   | Landscaping                                  | 1460  | Dev-wide | 25,983                     | 25,983               | 25,983                       | 100%                        |
|   | Flooring                                     | 1460  | Dev-wide | 225,000                    | 225,000              | 225,000                      | 100%                        |
|   | ACM Bldg/Shingles                            | 1470  | 1        | 2,166                      | 2,166                | 2,166                        | 100%                        |
|   | ACM Bldg/Stone                               | 1470  | 1        | 14,400                     | 14,400               | 14,400                       | 10,685                      |
|   | ACM Bldg/Screens                             | 1470  | 1        | 800                        | 800                  | 800                          | 100%                        |
|   | ACM Bldg/General                             | 1470  | 1        | 3,400                      | 3,400                | 3,400                        | 100%                        |
| PHA-WIDE Administration                       | A/E Fees                                     | 1430  | 1        | 50,000                     | 50,000               | 50,000                       | 50,000                      |
|   | Fees & Costs                                 |   |          |                            |                      |                              |                             |
| PHA-WIDE Nondwelling Equipment                | Surveillance Cameras                         | 1475  | PHA-wide | 70,000                     | 70,000               | 70,000                       | 70,000                      |
|   |  |   |          |                            |                      |                              |                             |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



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**Part I: Summary**

| <b>PHA Name:</b><br>Housing Authority of Newberry  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: SC35P01650108 | <b>Replacement Housing Factor Grant No:</b><br>FFY of Grant:<br>2008 |                      |           |                          |
|--|--|--|----------------------|-----------|--------------------------|
| <b>Date of CFFP:</b> _____   |  | <b>FFY of Grant Approval:</b><br>2008                                |                      |           |                          |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report |  |  |                      |           |                          |
| Line   | Summary by Development Account   | Total Estimated Cost   |                      |           |                          |
|  |  | Original   | Revised <sup>2</sup> | Obligated | Actual Cost <sup>1</sup> |
| 1  | Total non-CFP Funds  | 0  | 0                    | 0         | 0                        |
| 2  | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>                 | 30,000   | 30,000               | 30,000    | 30,000                   |
| 3  | 1408 Management Improvements   | 20,000   | 20,000               | 20,000    | 18,718                   |
| 4  | 1410 Administration (may not exceed 10% of line 21)                          | 40,000   | 40,000               | 40,000    | 40,000                   |
| 5  | 1411 Audit   | 0  | 0                    | 0         | 0                        |
| 6  | 1415 Liquidated Damages  | 0  | 0                    | 0         | 0                        |
| 7  | 1430 Fees and Costs  | 20,000   | 20,000               | 20,000    | 19,415                   |
| 8  | 1440 Site Acquisition  | 0  | 0                    | 0         | 0                        |
| 9  | 1450 Site Improvement  | 0  | 0                    | 0         | 0                        |
| 10   | 1460 Dwelling Structures   | 295,473  | 295,473              | 295,473   | 256,554                  |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                                      | 17,000   | 17,000               | 17,000    | 17,000                   |
| 12   | 1470 Non-dwelling Structures   | 150,000  | 150,000              | 150,000   | 138,035                  |
| 13   | 1475 Non-dwelling Equipment  | 45,000   | 45,000               | 45,000    | 44,820                   |
| 14   | 1485 Demolition  | 0  | 0                    | 0         | 0                        |
| 15   | 1492 Moving to Work Demonstration  | 0  | 0                    | 0         | 0                        |
| 16   | 1495.1 Relocation Costs  | 0  | 0                    | 0         | 0                        |
| 17   | 1499 Development Activities <sup>4</sup>                                     | 0  | 0                    | 0         | 0                        |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds shall be included here

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| Part I: Summary  |  |   |                                      |  |                                |
|--|--|---|--------------------------------------|--|--------------------------------|
| PHA Name:<br>Housing Authority of Newberry   |  | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650108<br>Replacement Housing Factor Grant No:                         |                                      | Federal FY of Grant:<br>2008<br>FFY OF Grant Approval:<br>2008 |                                |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 | Reserve for Disasters/ Emergencies<br><input type="checkbox"/> | <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Final Performance and Evaluation Report | Total Estimated Cost                 | Obligated  | Total Actual Cost <sup>1</sup> |
| Line<br>Summary by Development Account   | Original   | Revised <sup>2</sup>  |                                      |  |                                |
| 18a<br>1501 Collateralization or Debt Service paid by the PHA  | 0  | 0   | 0                                    | 0  | 0                              |
| 18b<br>9000 Collateralization or Debt Service paid Via System of Direct Payment  | 0  | 0   | 0                                    | 0  | 0                              |
| 19<br>1502 Contingency (may not exceed 8% of line 20)  | 0  | 0   | 0                                    | 0  | 0                              |
| 20<br>Amount of Annual Grant: (sum of lines 2 – 19)  | 617,473  | 617,473   | 617,473                              | 617,473  | 564,542                        |
| 21<br>Amount of line 20 Related to LBP Activities  | 0  | 0   | 0                                    | 0  | 0                              |
| 22<br>Amount of line 20 Related to Section 504 Activities  | 0  | 0   | 0                                    | 0  | 0                              |
| 23<br>Amount of line 20 Related to Security – Soft Costs   | 0  | 0   | 0                                    | 0  | 0                              |
| 24<br>Amount of Line 20 Relatief to Security - Hard Costs  | 0  | 0   | 0                                    | 0  | 0                              |
| 25<br>Amount of line 20 Related to Energy Conservation Measures  | 0  | 0   | 0                                    | 0  | 0                              |
| Signature of Executive Director  | Date   |   | Signature of Public Housing Director | Date   |                                |
|    | 11/18/10   |   |                                      |  |                                |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds HANII be included here

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**Part II Supporting Pages**

| PHA Name:<br>Housing Authority of Newberry | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650108 | CFFP (Yes/No): No                     |  | Federal FFY of Grant: 2008 |                    |                      |                      |                              |                                 |
|--|---|---------------------------------------|--|----------------------------|--------------------|----------------------|----------------------|------------------------------|---------------------------------|
|  |   | Development Number/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No.              | Quantity           | Total Estimated Cost | Total Actual Cost    | Status of Work               |                                 |
|  |   |                                       |  |                            |                    | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup>     |
| SC035-001                                  | Landscaping/Grading   | 1460                                  | Dev-wide                                     | 8,000                      | 8,000              | 8,000                | 8,000                | 8,000                        | 6,919 87%                       |
| Julian E. Grant Homes                      | Cycle Painting Appliances   | 1460 1465.1                           | Dev-wide Dev-wide                            | 8,000 6,000                | 8,000 6,000        | 8,000 6,000          | 8,000 6,000          | 8,000 6,000                  | 100% 100%                       |
|  | Missing Security Screens  | 1460                                  | Dev-wide                                     | 10,000                     | 10,000             | 10,000               | 10,000               | 10,000                       | 0 0%                            |
|  | A/C @ 2 & 3 BR Apts.  | 1460                                  | Dev-wide                                     | 239,473                    | 187,967            | 187,967              | 187,967              | 187,967                      | 187,967 100%                    |
|  | Office Repairs  | 1470                                  | 1  | 150,000                    | 150,000            | 150,000              | 150,000              | 150,000                      | 138,035 92%                     |
|  | Clothes Lines   | 1460                                  | Dev-wide                                     | 6,000                      | 6,000              | 6,000                | 6,000                | 6,000                        | 6,000 99%                       |
| SC035-003                                  | Landscaping/Grading   | 1460                                  | Dev-wide                                     | 5,000                      | 5,000              | 5,000                | 5,000                | 5,000                        | 5,000 100%                      |
| Bethlehem Gardens                          | Cycle Painting Appliances   | 1460 1465.1                           | Dev-wide Dev-wide                            | 4,000 3,000                | 4,000 3,000        | 4,000 3,000          | 4,000 3,000          | 4,000 3,000                  | 4,000 100%                      |
|  | Replace Water Heaters   | 1465.1                                | Dev-wide                                     | 4,000                      | 4,000              | 4,000                | 4,000                | 4,000                        | 4,000 100%                      |
|  | Clothes Lines   | 1460                                  | Dev-wide                                     | 3,000                      | 3,000              | 3,000                | 3,000                | 3,000                        | 3,000 100%                      |
|  | Vinyl Siding  | 1460                                  | Dev-wide                                     | 0                          | 3,230              | 3,230                | 3,230                | 3,230                        | 3,230 100%                      |
| SC035-004                                  | Landscaping/Grading   | 1460                                  | Dev-wide                                     | 5,000                      | 5,000              | 5,000                | 5,000                | 5,000                        | 5,000 100%                      |
| E. Gordon Able                             | Cycle Painting Appliances   | 1460 1465.1                           | Dev-wide Dev-wide                            | 4,000 4,000                | 4,000 4,000        | 4,000 4,000          | 4,000 4,000          | 4,000 4,000                  | 2,605 87%                       |
|  | Clothes Lines   | 1460                                  | Dev-wide                                     | 3,000                      | 3,000              | 3,000                | 3,000                | 3,000                        | 3,000 100%                      |
|  | A/C 1/2 Units   | 1460                                  | Dev-wide                                     | 0                          | 48,276             | 48,276               | 48,276               | 48,276                       | 11,832 25%                      |
| PHAWIDE Operations                         | Operating Expense   | 1406                                  | 1  | 30,000                     | 30,000             | 30,000               | 30,000               | 30,000                       | 30,000 0%                       |
| PHAWIDE Management Improvements            | Computer Upgrades Training Inspector                                  | 1408 1408 1408                        |  | 4,000 10,000 6,000         | 4,000 10,000 6,000 | 4,000 10,000 6,000   | 4,000 10,000 6,000   | 4,000 8,718 6,000            | 4,000 8,718 6,000 100% 88% 100% |



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**Part III: Implementation Schedule for Capital Fund Program**

| PHA Name: Housing Authority of Newberry           |                            |                                 |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Federal FY of Grant: 2008                     |  |
|---|----------------------------|---------------------------------|-------------------------------|---|--------------------------------|---|--|
| Development Number<br>Name/PHA-Wide<br>Activities |                            | Original Obligation<br>End Date | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure<br>End Date | Reasons for Revised Target Dates <sup>1</sup> |  |
| SC035-001   | Julian E. Grant<br>Homes   | 06/12/2010                      |                               | 06/12/2012                                  |                                |   |  |
| SC035-003   | Bethlehem<br>Gardens       | 06/12/2010                      |                               | 06/12/2012                                  |                                |   |  |
| SC035-004   | E. Gordon<br>Able          | 06/12/2010                      |                               | 06/12/2012                                  |                                |   |  |
| PHA-WIDE  | Operations                 | 06/12/2010                      |                               | 06/12/2012                                  |                                |   |  |
| PHA-WIDE  | Management<br>Improvements | 06/12/2010                      |                               | 06/12/2012                                  |                                |   |  |
| PHA-WIDE  | Administration             | 06/12/2010                      |                               | 06/12/2012                                  |                                |   |  |
| PHA-WIDE  | Fees & Costs               | 06/12/2010                      |                               | 06/12/2012                                  |                                |   |  |
| PHA-WIDE  | Nondwelling<br>Equipment   | 06/12/2010                      |                               | 06/12/2012                                  |                                |   |  |

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

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**Part I: Summary**

| <b>PHA Name:</b><br>Housing Authority of Newberry  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No.: SC35P01650107 | <b>Replacement Housing Factor Grant No.:</b><br>_____ | <b>FFY of Grant:</b><br>2007   |
|--|---|---|--------------------------------|
| <b>Date of CFFP:</b> _____   |   | <b>FFY of Grant Approval:</b><br>2007                 |                                |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 <input type="checkbox"/> Final Performance and Evaluation Report |   |   |                                |
| Line   | Summary by Development Account  | Total Estimated Cost                                  | Total Actual Cost <sup>1</sup> |
|  |   | Original  | Revised <sup>2</sup>           |
| 1  | Total non-CFP Funds   | 0   | 0                              |
| 2  | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>                  | 40,000  | 40,000                         |
| 3  | 1408 Management Improvements  | 20,000  | 20,000                         |
| 4  | 1410 Administration (may not exceed 10% of line 21)                           | 40,000  | 40,000                         |
| 5  | 1411 Audit  | 0   | 0                              |
| 6  | 1415 Liquidated Damages   | 0   | 0                              |
| 7  | 1430 Fees and Costs   | 20,000  | 20,000                         |
| 8  | 1440 Site Acquisition   | 0   | 0                              |
| 9  | 1450 Site Improvement   | 0   | 0                              |
| 10   | 1460 Dwelling Structures  | 362,141   | 362,141                        |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                                       | 24,742  | 24,742                         |
| 12   | 1470 Non-dwelling Structures  | 50,000  | 50,000                         |
| 13   | 1475 Non-dwelling Equipment   | 0   | 0                              |
| 14   | 1485 Demolition   | 0   | 0                              |
| 15   | 1492 Moving to Work Demonstration   | 0   | 0                              |
| 16   | 1495.1 Relocation Costs   | 0   | 0                              |
| 17   | 1499 Development Activities <sup>4</sup>                                      | 0   | 0                              |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

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| Part I: Summary   |   | Grant Type and Number  |   | Federal FY of Grant:                   |                                |
|---|---|--|---|--|--------------------------------|
| PHA Name:<br>Housing Authority of Newberry  |   | Capital Fund Program Grant No: SC35P01650107<br>Replacement Housing Factor Grant No: |   | 2007<br>FFY OF Grant Approval:<br>2007 |                                |
| Type of Grant   | <input type="checkbox"/> Original Annual Statement<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/10 | <input type="checkbox"/> Reserve for Disasters/ Emergencies                          | <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Final Performance and Evaluation Report |  |                                |
| Line  | Summary by Development Account  | Original   | Total Estimated Cost  | Revised <sup>2</sup>                   | Total Actual Cost <sup>1</sup> |
| 18a   | 1501 Collateralization or Debt Service paid by the PHA  | 0  | 0   | 0                                      | 0                              |
| 18b   | 9000 Collateralization or Debt Service paid Via System of Direct Payment  | 0  | 0   | 0                                      | 0                              |
| 19  | 1502 Contingency (may not exceed 8% of line 20)   | 0  | 0   | 0                                      | 0                              |
| 20  | Amount of Annual Grant: (sum of lines 2 – 19)   | 556,883  | 556,883   | 556,883                                | 556,883                        |
| 21  | Amount of line 20 Related to LBP Activities   | 0  | 0   | 0                                      | 0                              |
| 22  | Amount of line 20 Related to Section 504 Activities   | 0  | 0   | 0                                      | 0                              |
| 23  | Amount of line 20 Related to Security – Soft Costs  | 0  | 0   | 0                                      | 0                              |
| 24  | Amount of Line 20 Related to Security – Hard Costs  | 0  | 0   | 0                                      | 0                              |
| 25  | Amount of line 20 Related to Energy Conservation Measures   | 0  | 0   | 0                                      | 0                              |
| Signature of Executive Director .   |   | Date   | Signature of Public Housing Director  |  | Date                           |
|  |   | 11/18/10   |   |  |                                |

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations

<sup>4</sup> RHF funds shall be included here

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| PHA Name:<br>Housing Authority of Newberry | Grant Type and Number<br>Capital Fund Program Grant No: SC35P01650107 | CFFP (Yes/No): No                                   |   | Federal FFY of Grant: 2007 |          |                      |                      |                                 |                                |      |
|--|---|---|---|----------------------------|----------|----------------------|----------------------|---------------------------------|--------------------------------|------|
|  |   | Development<br>Number<br>Name/HA-Wide<br>Activities | General Description of Major<br>Work Categories | Dev.<br>Acct<br>No.        | Quantity | Total Estimated Cost | Total Actual Cost    | Status of<br>Work               |                                |      |
|  |   |   |   |                            |          | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |      |
| SC035-001                                  | Landscaping/Grading   | 1460  | Dev-wide  | 8,000                      |          | 8,000                |                      | 8,000                           | 7,931                          | 99%  |
| Julian E. Grant Homes                      | Cycle Painting  | 1460  | Dev-wide  | 4,000                      |          | 4,000                |                      | 4,000                           | 4,000                          | 100% |
|  | Appliances  | 1465.1  | Dev-wide  | 10,000                     |          | 10,000               |                      | 10,000                          | 10,000                         | 100% |
|  | Back Door Lighting  | 1460  | Dev-wide  | 8,300                      |          | 8,300                |                      | 8,300                           | 0                              | 0%   |
|  | Kitchen Lighting  | 1460  | Dev-wide  | 6,000                      |          | 6,000                |                      | 6,000                           | 0                              | 0%   |
|  | Paint/Repair Foundation   | 1460  | Dev-wide  | 10,000                     |          | 10,000               |                      | 10,000                          | 9,487                          | 95%  |
|  | Office Repairs  | 1470  | 1   | 50,000                     |          | 50,000               |                      | 50,000                          | 50,000                         | 100% |
|  | A/C @ 2 & 3 BR Apts.  | 1460  | Dev-wide  | 253,841                    |          | 179,841              |                      | 179,841                         | 179,841                        | 100% |
| SC035-003                                  | Landscaping/Grading   | 1460  | Dev-wide  | 5,000                      |          | 5,000                |                      | 5,000                           | 3,230                          | 65%  |
| Bethlehem Gardens                          | Cycle Painting  | 1460  | Dev-wide  | 3,000                      |          | 3,000                |                      | 3,000                           | 3,000                          | 100% |
|  | Appliances  | 1465.1  | Dev-wide  | 8,000                      |          | 8,000                |                      | 8,000                           | 8,000                          | 100% |
|  | Furnaces  | 1460  | Dev-wide  | 10,000                     |          | 10,000               |                      | 10,000                          | 1,834                          | 2%   |
|  | Flooring  | 1460  | Dev-wide  | 30,000                     |          | 104,000              |                      | 104,000                         | 104,000                        | 100% |
|  | Paint/Repair Foundation   | 1460  | Dev-wide  | 5,000                      |          | 5,000                |                      | 5,000                           | 1,300                          | 26%  |
|  | Replace Vent Covers   | 1460  | Dev-wide  | 6,000                      |          | 6,000                |                      | 6,000                           | 0                              | 0%   |
| SC035-004                                  | Landscaping/Grading   | 1460  | Dev-wide  | 5,000                      |          | 5,000                |                      | 5,000                           | 5,000                          | 100% |
| E. Gordon Able                             | Cycle Painting  | 1460  | Dev-wide  | 3,000                      |          | 3,000                |                      | 3,000                           | 3,000                          | 100% |
|  | Appliances  | 1465.1  | Dev-wide  | 6,742                      |          | 6,742                |                      | 6,742                           | 6,742                          | 100% |
|  | Paint/Repair Foundation   | 1460  | Dev-wide  | 5,000                      |          | 5,000                |                      | 5,000                           | 5,000                          | 100% |
| PHA-WIDE Operations                        | Operating Expense   | 1406  | 1   | 40,000                     |          | 40,000               |                      | 40,000                          | 40,000                         | 100% |
|  |   |   |   |                            |          |                      |                      |                                 |                                |      |
|  |   |   |   |                            |          |                      |                      |                                 |                                |      |
|  |   |   |   |                            |          |                      |                      |                                 |                                |      |
|  |   |   |   |                            |          |                      |                      |                                 |                                |      |
|  |   |   |   |                            |          |                      |                      |                                 |                                |      |
|  |   |   |   |                            |          |                      |                      |                                 |                                |      |
|  |   |   |   |                            |          |                      |                      |                                 |                                |      |

| Part II Supporting Pages                   |          | Grant Type and Number   |                      | Federal FFY of Grant: 2007   |                             |                |
|--|----------|---|----------------------|------------------------------|-----------------------------|----------------|
| PHA Name:<br>Housing Authority of Newberry |          | Capital Fund Program Grant No: SC35P01650107    CFFP (Yes/No): No |                      |                              |                             |                |
| Development Number/HA-Wide Activities      |          | General Description of Major Work Categories                      |                      | Total Estimated Cost         |                             | Status of Work |
| Dev. Acct No.                              | Quantity | Original  | Revised <sup>1</sup> | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup> |                |
| PHA-WIDE Computer Upgrades                 | 1        | 4,000   | 4,000                | 4,000                        | 4,000                       | 0%<br>0%       |
| Management Training                        | 1        | 10,000  | 10,000               | 10,000                       | 9,962                       | 99%            |
| Improvements Inspector                     | 1        | 6,000   | 6,000                | 6,000                        | 6,000                       | 100%           |
| PHA-WIDE Salaries Administration           | 1        | 40,000  | 40,000               | 40,000                       | 40,000                      | 100%           |
| PHA-WIDE A/E Fees Fees & Costs             | 1        | 20,000  | 20,000               | 20,000                       | 20,000                      | 100%           |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part III: Implementation Schedule for Capital Fund Program**

| PHA Name: Housing Authority of Newberry        |                               |   |   |  | Federal FY of Grant: 2007                     |
|--|-------------------------------|---|---|--|---|
| Development Number<br>Name/PHA-Wide Activities |                               | All Fund Obligated<br>(Quarter Ending Date) | All Funds Expended<br>(Quarter Ending Date) |  | Reasons for Revised Target Dates <sup>1</sup> |
| Original Obligation<br>End Date                | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure<br>End Date              |  |   |
| SC035-001<br>Julian E. Grant                   | 09/12/2009                    |   | 09/12/2011                                  |  |   |
| Homes  |                               |   |   |  |   |
| SC035-003<br>Bethlehem Gardens                 | 09/12/2009                    |   | 09/12/2011                                  |  |   |
|  |                               |   |   |  |   |
| SC035-004<br>E. Gordon Able                    | 09/12/2009                    |   | 09/12/2011                                  |  |   |
|  |                               |   |   |  |   |
| PHA-WIDE Operations                            | 09/12/2009                    |   | 09/12/2011                                  |  |   |
|  |                               |   |   |  |   |
| PHA-WIDE Management Improvements               | 09/12/2009                    |   | 09/12/2011                                  |  |   |
|  |                               |   |   |  |   |
| PHA-WIDE Administration                        | 09/12/2009                    |   | 09/12/2011                                  |  |   |
|  |                               |   |   |  |   |
| PHA-WIDE Fees & Costs                          | 09/12/2009                    |   | 09/12/2011                                  |  |   |
|  |                               |   |   |  |   |
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|  |                               |   |   |  |   |
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|  |                               |   |   |  |   |

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

## Capital Fund Program—Five-Year Action Plan

### **Part I: Summary**

| PHA Name/Number |   | Housing Authority of<br><b>Newberry/SC035</b>                      | Locality (City/County & State)<br><b>Newberry/Newberry County South Carolina</b> |                                       |                                       | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: |                           |
|-----------------|---|--|--|---------------------------------------|---------------------------------------|--|---------------------------|
| A.              | Name  | Development Number and<br>Work Statement<br>for Year 1<br>FFY 2011 | Work Statement for Year 2<br>FFY 2012  | Work Statement for Year 3<br>FFY 2013 | Work Statement for Year 4<br>FFY 2014 | Work Statement for Year 5<br>FFY 2015  | Work Statement for Year 4 |
| B.              | Physical Improvements                             | <i>Work Statement</i>  | 437,000  | 437,000                               | 437,000                               | 437,000  | 437,000                   |
|                 | Subtotal  |  |  |                                       |                                       |  |                           |
| C.              | Management Improvements                           |  | 20,000   | 20,000                                | 20,000                                | 20,000   | 20,000                    |
| D.              | PHA-Wide Non-dwelling<br>Structures and Equipment |  | 25,000   | 25,000                                | 25,000                                | 25,000   | 25,000                    |
| E.              | Administration                                    |  | 50,000   | 50,000                                | 50,000                                | 50,000   | 50,000                    |
| F.              | Other <b>(1430)</b>                               |  | 50,000   | 50,000                                | 50,000                                | 50,000   | 50,000                    |
| G.              | Operations  |  | 26,678   | 26,678                                | 26,678                                | 26,678   | 26,678                    |
| H.              | Demolition  |  | 0  | 0                                     | 0                                     | 0  | 0                         |
| I.              | Development                                       |  | 0  | 0                                     | 0                                     | 0  | 0                         |
| J.              | Capital Fund Financing –<br>Debt Service          |  | 0  | 0                                     | 0                                     | 0  | 0                         |
| K.              | Total CFP Funds                                   |  | 608,678  | 608,678                               | 608,678                               | 608,678  | 608,678                   |
| L.              | Total Non-CFP Funds                               |  | 0  | 0                                     | 0                                     | 0  | 0                         |
| M.              | Grand Total                                       |  | 608,678  | 608,678                               | 608,678                               | 608,678  | 608,678                   |



**Capital Fund Program—Five-Year Action Plan**

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

| Work Statement for Year 1 FFY 2011 | Work Statement for Year: 2 FFY 2012    |                                   |          | Work Statement for Year: 3 FFY 2013 |  |                                   |
|------------------------------------|--|-----------------------------------|----------|-------------------------------------|--|-----------------------------------|
|                                    | Development Number/Name Categories     | General Description of Major Work | Quantity | Estimated Cost                      | Development Number/Name Categories     | General Description of Major Work |
| See Annual Statement               | <b>SC035-001/Julian E. Grant Homes</b> |                                   |          |                                     | <b>SC035-001/Julian E. Grant Homes</b> |                                   |
| Annnual Statement                  | Landscaping/Grading                    | Dev-wide                          | 10,000   | 10,000                              | Landscaping/Grading                    | Dev-wide                          |
|                                    | Street Lighting                        | Dev-wide                          | 20,000   | 20,000                              | Cycle Painting                         | Dev-wide                          |
|                                    | Cycle Painting                         | Dev-wide                          | 8,000    | 8,000                               | Siding Replacement                     | Dev-wide                          |
|                                    | Trash Carts                            | Dev-wide                          | 12,000   | 12,000                              | Windows (Houses)                       | Dev-wide                          |
|                                    | Roofing                                | Dev-wide                          | 132,500  | 132,500                             | Appliances                             | Dev-wide                          |
|                                    | Appliances                             | Dev-wide                          | 8,000    | 8,000                               | Security Cameras                       | Dev-wide                          |
|                                    | Security Cameras                       | Dev-wide                          | 2,500    | 2,500                               |  |                                   |
|                                    |  |                                   |          |                                     | <b>SC035-003/Bethlehem Gardens</b>     |                                   |
|                                    | Landscaping/Grading                    | Dev-wide                          | 5,000    | 5,000                               | Landscaping/Grading                    | Dev-wide                          |
|                                    | Cycle Painting                         | Dev-wide                          | 4,000    | 4,000                               | Cycle Painting                         | Dev-wide                          |
|                                    | Trash Carts                            | Dev-wide                          | 4,000    | 4,000                               | Kitchen Countertops                    | Dev-wide                          |
|                                    | GFI's                                  | Dev-wide                          | 15,000   | 15,000                              | Appliances                             | Dev-wide                          |
|                                    | Kitchen Cabinets                       | Dev-wide                          | 40,500   | 40,500                              | Security Cameras                       | Dev-wide                          |
|                                    | Water Heaters                          | Dev-wide                          | 10,000   | 10,000                              |  |                                   |
|                                    | Appliances                             | Dev-wide                          | 4,000    | 4,000                               | <b>SC035-004/E. Gordon Able</b>        |                                   |
|                                    | Security Cameras                       | Dev-wide                          | 2,500    | 2,500                               | Landscaping/Grading                    | Dev-wide                          |
|                                    |  |                                   |          |                                     | Cycle Painting                         | Dev-wide                          |
|                                    |  |                                   |          |                                     | Siding Replacement                     | Dev-wide                          |
|                                    |  |                                   |          |                                     | Roofing                                | Dev-wide                          |
|                                    | <b>SC035-004/E. Gordon Able</b>        |                                   |          |                                     | Appliances                             | Dev-wide                          |
|                                    | Landscaping/Grading                    | Dev-wide                          | 5,000    | 5,000                               | Security Cameras                       | Dev-wide                          |
|                                    | Cycle Painting                         | Dev-wide                          | 4,000    | 4,000                               |  |                                   |
|                                    | Trash Carts                            | Dev-wide                          | 3,500    | 3,500                               |  |                                   |
|                                    | Porch Column Replacement               | Dev-wide                          | 26,000   | 26,000                              |  |                                   |
|                                    | Siding Replacement                     | Dev-wide                          | 104,000  | 104,000                             |  |                                   |
|                                    | Water Heaters                          | Dev-wide                          | 10,000   | 10,000                              |  |                                   |
|                                    | Appliances                             | Dev-wide                          | 4,000    | 4,000                               |  |                                   |
|                                    | Security Cameras                       | Dev-wide                          | 2,500    | 2,500                               |  |                                   |
|                                    |  |                                   |          |                                     |  |                                   |
|                                    |  |                                   |          |                                     | Subtotal of Estimated Cost             | \$437,000                         |
|                                    |  |                                   |          |                                     |  | \$437,000                         |







## Capital Fund Program—Five-Year Action Plan

**Part III: Supporting Pages – Management Needs Work Statement(s)**

| Work Statement for Year 1 FFY 2011 | Work Statement for Year: <u>4</u><br>FFY 2014 | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost |
|------------------------------------|---|---|----------------|---|----------------|
| <u>See Annual Statement</u>        |   | <u>Computer Upgrades</u>  | 4,000          | <u>Computer Upgrades</u>  | 4,000          |
|                                    |   | <u>Training</u>   | 10,000         | <u>Training</u>   | 10,000         |
|                                    |   | <u>Inspector</u>  | 6,000          | <u>Inspector</u>  | 6,000          |
|                                    |   |   |                |   |                |
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|                                    |   |   |                |   |                |

Newberry Housing Authority addresses VAWA with the following policy:

## **Violence Against Women Act (VAWA) Policy**

### **1.0 Purpose**

The purpose of this Policy is to implement the applicable provisions of the Violence Against Women and to set forth the Housing Authority of City of Newberry's, (hereafter NHA) policies and procedures regarding domestic violence, dating violence and stalking, as hereinafter defined.

The Policy will assist NHA in administering rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 Housing Choice Voucher Program participants and other program participants. Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

### **2.0 Goals and Objectives**

This policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic Violence, dating violence or stalking who are assisted by NHA with the victims cooperation and assistance..
- C. Providing and maintaining housing opportunities for victims of domestic violence, dating violence or stalking
- D. Create and work to maintain collaborative arrangements between NHA law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking who are assisted by NHA.
- E. Take appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking affecting individuals assisted by NHA.

### **3.0 Other Housing Authority Policies and Procedures**

This Policy shall be referenced in and attached to NHA's Annual Plan for Fiscal Year 2009 and shall be incorporated in and made a part of the NHA's Admissions and Continued Occupancy Policy as well as the Section 8 Housing Choice Voucher Program Administrative Plan.

### **4.0 Definitions**

***Domestic Violence*** – The term “domestic Violence” includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

***Dating Violence*** – Means violence committed by a person –

- A Who is or has been in a social romantic or intimate nature with the victim; and
- B. Where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - 1. The length of the relationship.
  - 2. The type of the relationship.
  - 3. The frequency of interaction between the persons involved in the relationship.

***Stalking*** – Means

- A. To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and
- B. In the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to that person; a member of the immediate family of that person; or the spouse or intimate partner of that person.

***Immediate Family Member*** – means with respect to a person –

- A A spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
- B. Any other person living in the household of that person and related to that person by blood or marriage.

**Perpetrator** – Means person who commits an act of domestic violence, dating violence or stalking against a victim.

**Victim** – Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification as outlined in Section 5 of this Policy or as requested by NHA.

## 5.0 Certification and Confidentiality

An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by NHA or a Section 8 owner or manager to provide verification, must provide such verification within 14 business days after receipt of the request for verification. Failure to provide verification in proper form within such time will result in loss of protection under the VAWA and this policy against a proposed adverse action.

For each incident that a person is claiming is abuse, the person shall certify to NHA, a Section 8 owner or manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are bona fide incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other information. The victim must also be willing to issue restraining orders against the perpetrator and agree with the NHA, Section 8 owner or manager to issue trespass notice to the perpetrator.

A person who is claiming victim status shall provide to NHA, a Section 8 owner, or manager the following:

- A. Documentation signed by the victim and an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the

effects of the abuse, in which the professional attest under penalty of perjury (28U.S.C.~1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse, or;

- B. A Federal, State, Tribal, Territorial, Local Police or Court Record.

**Confidentiality:**

All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to NHA or to a Section 8 owner or manager in connection with a verification required under this Policy or provided in lieu of such verification where a waiver of verification is granted , shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

- A. Requested or consented to by the individual in writing, or
- B. Required for use in a public housing eviction proceeding or in connection with termination of Section 8 assistance, as permitted in the VAWA, or;
- C. Otherwise required by law.

**6.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy**

- A. NHA shall not deny participation or admission to a program on the basis of a person victim status, if the person otherwise qualifies for admission of assistance.
- B. An incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating assistance or occupancy rights, or evicting a tenant, provided the victim has cooperated with NHA, Section 8 owner or manager in taking the appropriate actions against the perpetrator.
- C. Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, or occupancy

rights if the tenant or an immediate member of the tenant's family is the victim of the domestic violence, dating violence or stalking.

- D. NHA, a Section 8 owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant.
- E. Nothing in this Policy shall limit the authority of NHA, a Section 8 owner, or manager, when notified to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- F. Nothing in this policy limits NHA, a Section 8 owner, or manager's authority to evict or terminate assistance to any tenant for any violation of the lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However NHA, a Section 8 owner, or manager may not hold a victim to a more demanding standard.
- G. Nothing in this Policy limits NHA, a Section 8 owner, or manager to evict or terminate assistance, or deny admission to a program if the NHA, Section 8 owner, or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- H. Nothing in this Policy limits NHA, a Section 8 owner, or manager's authority to deny admission, terminate assistance, or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.
- I. A Section 8 recipient who moves out of a assisted dwelling unit to protect their health or safety and who: a) is a victim under this Policy; b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and c) has complied with all other regulations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

J. A public housing tenant who wants a transfer to protect their health or safety and who: a) is a victim under this Policy; b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and c) has complied with all other regulations of the public housing income program may transfer to another unit if available.

## **7.0 Actions Against a Perpetrator.**

NHA, Section 8 owner, or manager may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; b) obtaining and enforcing a trespass against the perpetrator; c) enforcing NHA or law enforcement's trespass of the perpetrator; d) preventing the delivery of the perpetrator's mail to the victim's unit; e) providing identifying information listed Section 5 of this Policy. Any victim failing to uphold to the actions required by NHA of a perpetrator, forfeits all rights under this policy under the VAWA.

## **8.0 Admissions and Screening**

The VAWA does not require an admission preference, however at this time the NHA does offer an admissions preference for persons who are victims of domestic violence, dating violence or stalking.

## **9.0 Conflict and Scope**

This Policy does not enlarge NHA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another NHA policy, such as its Admission and Continued Occupancy Policy or the Section 8 Administrative Plan, this Policy will preference.

## **10.0 Amendment:**

The Executive Director and or Board of Commissioners may amend this policy when it is reasonably necessary to effectuate the Policy's intent purpose, or interpretation, based upon HUD's guidelines when they are published or other rationale requiring an amendment.

**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the  5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of Newberry

PHA Name

SC035

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2011 - 2015

Annual PHA Plan for Fiscal Years 20\_\_\_\_ - 20\_\_\_\_

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

|  |                         |
|--|-------------------------|
| Name of Authorized Official<br>Tommy J. Bowers   | Title<br>Board Chairman |
| Signature<br> | Date<br>10/13/10        |

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Civil Rights Certification****Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Housing Authority of Newberry

SC035

PHA Name

PHA Number/HA Code

|  |                 |          |                |
|--|-----------------|----------|----------------|
| <p>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</p> |                 |          |                |
| Name of Authorized Official  | Tommy J. Bowers | Title    | Board Chairman |
| Signature  | Tommy J. Bowers |          |                |
|  | Date            | 10/13/10 |                |

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name  
Housing Authority of Newberry

Program/Activity Receiving Federal Grant Funding

## FFY 2011 Five Year and Annual Agency Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

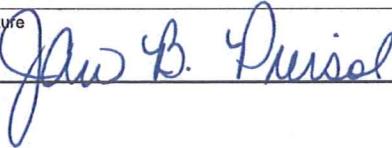
SC035-001 Julian E. Grant Homes; SC035-003 Bethlehem Gardens and SC035-004 E. Gordon Able

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official  
Jan Piersol

Signature

X 

Title  
Executive Director

Date

10/14/10

# Certification of Payments to Influence Federal Transactions

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

Applicant Name

Housing Authority of Newberry

Program/Activity Receiving Federal Grant Funding

FFY 2011 Five Year and Annual Agency Plan

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

|                             |                    |
|-----------------------------|--------------------|
| Name of Authorized Official | Title              |
| Jan Piersol                 | Executive Director |
| Signature                   | Date (mm/dd/yyyy)  |

*Jan B. Piersol*      10/14/10

Previous edition is obsolete

form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

## **Comments of Resident Advisory Board**

The Housing Authority of Newberry (HAN) conducted its Resident Advisory Board (RAB) Meeting at the HAN Community Room. The purpose of the meeting was to discuss the FY 2011 PHA Agency Plan with the Board and to receive their comments and recommendations relative to the contents of both the Five Year Plan and Annual Plan. A thorough explanation of the contents of the PHA Plan was discussed with the Board as well as how the HAN arrived with the information. The Board showed favorable consideration to the FY 2011 PHA Agency Plan and had no additional comments or suggestions relative to the capital improvements.

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Edwin R. Knight the Authorized Signatory for the SC State Housing  
Finance and Development Authority certify that the Five Year and  
Annual PHA Plan of the Housing Authority of Newberry is consistent with the Consolidated Plan of  
South Carolina prepared pursuant to 24 CFR Part 91.



10-15-10

Signed / Dated by Appropriate State or Local Official